

**CT SHEEP / GOAT IDENTIFICATION TAG REQUEST
ORDER FORM**

Owner Name: _____

Farm Name: _____

Address: _____

City/State: _____ County: _____

Zip Code: _____

If farm address is
different from mailing _____
address write mailing
address here _____

Phone Number: Home: _____ Work: _____

Species: Circle one: Sheep Goat Both

Primary Breed: _____

Type Tags: Circle one
Metal Plastic Custom

Number of Tags: _____ Numbering System:
Premises ID Based

If tags issued: numbers _____ to _____

Return this form to:

State Veterinarian
Department of Agriculture
165 Capitol Avenue, Room G-8A
Hartford, CT 06106

Or FAX: 860-713-2548

For more information, call 860-713-2505

FOR OFFICE USE ONLY

PREMISES ID: _____ PROCESS DATE: _____ NO. TAGS ORDERED: _____

NO. APPLICATORS: _____
